

<b>LIMITED TEMPORARY PERMIT TO PRACTICE CHIROPRACTIC INFORMATION AND INSTRUCTIONS</b>
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**Before completing and submitting your application to our office, please read all materials and information included.**

A limited temporary permit issued under this section shall be limited to a specific activity, function, series of events, or purpose and to a specific geographical area within the state, which limitations shall be stated on the face of the temporary permit.

Indiana Professional Licensing Agency  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Staff Phone: (317) 234-2054  
FAX #: (317) 233-4236  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)  
Staff Email: [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov)

#### **APPLICATION**

Mail completed application along with all required documents listed below to the Indiana Professional Licensing Agency at the address listed above.

#### **AFFIDAVIT**

If you answer "yes" to any of the six (6) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement, however they may accompany your affidavit.

#### **FEE INFORMATION**

Applicants must submit a fifty dollar (\$50.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **ALL FEES ARE NON-REFUNDABLE OR NON-TRANSFERABLE**

#### **PHOTOGRAPH**

Applicants must submit one (1) acceptable photograph, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

#### **OFFICIAL CHIROPRACTIC TRANSCRIPTS OR CERTIFICATE OF CHIROPRACTIC EDUCATION**

Applicants must submit official chiropractic transcripts or a certificate of chiropractic education sent directly from the school certifying receipt of a professional chiropractic degree.

#### **VERIFICATION OF STATE LICENSURE**

Applicants must provide a "Verification of Chiropractic State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed to practice chiropractic. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary.